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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0861-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required)	Attorney Docket Number		CSI-2025	
	First Named Inventor		Fidel Realtyvasquez, M.D.	
	COMPLETE IF KNOWN			
	Application Number		10/814,885	
	Filing Date		March 30, 2004	
	Group Art Unit		3731	
Examiner Name				

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHODS FOR MINIMALLY INVASIVE VALVE SURGERY

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 3/30/2004 as United States Application Number or PCT International

Application Number 10/814,885 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

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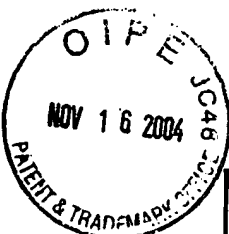
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Fidel		Family Name Or Surname: REALYVASQUEZ, M.D.	
Inventor's Signature			Date
Residence City: Palo Cedro	State: CA	Country: US	Citizenship: US
Mailing Address: 22680 Bridlewood Lane			
City: Palo Cedro	State: CA	ZIP: 96073	Country: US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Laurent		Family Name Or Surname: SCHALLER	
Inventor's Signature			Date 11.9.04
Residence City: Los Altos	State: CA	Country: US	Citizenship: Switzerland
Mailing Address: 595 Benvenue Avenue			
City: Los Altos	State: CA	ZIP: 94024	Country: US
<input type="checkbox"/> Additional inventors are being named on the <<TEXT>> supplemental Additional Inventor(s) sheet(s) PTO/SB/026 attached hereto			

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e) required)

Attorney Docket Number	CSI-2025
First Named Inventor	Fidel Realvasquez, M.D.
COMPLETE IF KNOWN	
Application Number	10/814,865
Filing Date	March 30, 2004
Group Art Unit	3731
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHODS FOR MINIMALLY INVASIVE VALVE SURGERY

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)): Fidel

Family Name

Or Surname: REALYVA9QUEZ, M.D.

Inventor's
SignatureDate
8/11/04

Residence City: Palo Cedro

State: CA

Country: US

Citizenship: US

Mailing Address: 22890 Bridlewood Lane

City: Palo Cedro

State: CA

ZIP: 96073

Country: US

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)): Laurent

Family Name

Or Surname: SCHALLER

Inventor's
Signature

Date

Residence City: Los Altos

State: CA

Country: US

Citizenship: Switzerland

Mailing Address: 595 Benvenue Avenue

City: Los Altos

State: CA

ZIP: 94024

Country: US

☐ Additional inventors are being named on the <<TEXT>> supplemental Additional Inventor(s) sheet(s) PTO/SB/023 attached hereto

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